Patient Financial Policy Sheet

Thank you for choosing Martin Garza M.D P.A as your healthcare provider. We are honored by your choice and are committed to providing you with the highest quality healthcare. We ask that you read and sign this form to acknowledge your understanding of our patient financial policies as an essential element of your care and treatment. If you have any questions regarding these policies, please discuss them with our office manager.

Patient Financial Responsibilities

- The patient (or patient's guardian, if a minor) is ultimately responsible for the payment for his/her treatment and care.
- We are pleased to assist you by billing for our contracted insurers. However, the patient is required to provide us with the most correct and updated information about their insurance, and will be responsible for any charges incurred if the information provided is not correct or updated.
- Patients are responsible for the payment of copays, coinsurance, deductibles, and all other procedures or treatment not covered by their insurance plan. Payment is due at the time of service and for your convenience; we accept Visa, MasterCard, American Express, Discover, cash and checks at our office.
- Patients may incur, and are responsible for the payment of additional charges at the discretion of Office Management. These charges may include (but not limited to)
    - Charge $20.00 for missed appointments without 24 hour advance notice
    - Charge $45.00 for ear piercing.
    - Charge $35.00 for returned checks.
    - Charge $5.00 Copy of Immunization Card / Extra immunization print out.
    - Charge $6.50 for complete medical records.
    - Charge $10.00 for extensive physician forms completion.
    - Charge $6.50 for tax ready forms.
    - Any costs associated with collection of patient balances.
- For newborn babies, parent or guardian, has 30 days to add baby to policy. After 30 days many insurance carriers do not pay visits if baby has not been added to policy. Any balances not paid due to not adding baby to policy will be patient's responsibility.

Patient Authorizations

- By my signature below, I hereby authorize Martin Garza M.D. P.A and anyone associated with Martin Garza M.D. P.A to release medical and other information acquired in the course of my examination and/or other treatment (with the exceptions of mental health records) to necessary insurance companies, third party payers, and/or other physicians or healthcare entities required to participate in my care.
- By my signature below, I hereby authorize assignment of financial benefits directly to Martin Garza M.D. P.A and any associated healthcare entities for services rendered as allowable under standard third party contracts. I understand that I am financially responsible for charges not covered by this assignment.
- By my signature below, I authorize Martin Garza M.D P.A personnel to communication by mail, answering machine message, text message, and/or email according to the information I have provided in my patient registration information.

I have read, understand and agree to the provisions of this Patient Financial Responsibility Form:

Signature of Patient or Guardian Date